U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 5627

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 /

3. Name and address of person filing.			4. Name, file number, and address of labor organization.						
Name	Charlotte	D White	Name	IBEW Local 1					
			Labor	Organization File Nu	mber 526-84	O STATE OF THE PROPERTY OF THE			
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any Suite 103						
Street 2880 Centurion Lane			Street 1548 Bond Street						
City	City New Lenox			City Naperville					
State	Illinois	ZIP Code + 4 60451-2566	State	Illinois	and the state of t	ZIP Code + 4	60563-6508		
5. Position in labor organization. Business Representative-Organizer									
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests									
(except as specified in the exclusions set forth in the instructions):									
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.									
6. Name	e and address of Employer (i	including trade name, if any).	7.a. Nat	ure of Interest, Transa	action, or Income.				
Name			UNIDADO DA MARAMANA						
Trade Name, if any:							ошегознамалистична		
P.O. B	ox, Bldg., Room No., if any								
Street			7.b. Am	ount.					
0.1001									
City									
State		ZIP Code + 4							
Signature									
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)									
Sign	ad (Anna)	ytte White	On	7/18/2005	708-243-56	329			
		7000 00 7000	OII .	Date	<u> </u>	elephone Numbe			
Form LM	-30 (2003)					·	D 4 (C		

Name of Person Filling Charlotte White	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any).	9. Business deals with:							
Name	E							
Trade Name, if any:	a. Labor Organization b. Trust							
P.O. Box, Bldg., Room No., if any	c. Employer							
Street								
City								
State ZIP Code + 4								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name		The state of the s						
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any								
Street	11 h Approvimento dell'es veluo ef quel deglina							
City	11.b. Approximate dollar value of such dealing.12.a. Nature of interest held or income received.							
State ZIP Code + 4	Tala. Natare of interest field of intoffic reserved.							
211 6000 1								
		previous de la companie de la compan						
		ALCOHOLOGO -						
:								
	12.b. Amount.							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.							
(including trade name, if any).	Sponsored annual dinner at the Chesapeake Seafood House in Springfield, Illinois at the Illinois							
Name Goldberg, Weisman & Cairo, LTD	State Conference on 10-13-04 which and cocktails.	n included dinner						
Trade Name, if any: Attorneys-at-Law								
P.O. Box, Bldg., Room No., if any 34th Floor								
Street One East Wacker Drive		to opposite the second						
City Chicago		Paga-constant and the second s						
State Illinois ZIP Code + 4 60601-9654								
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$50						